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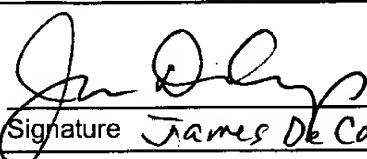
I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Director for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	07891/003005
Applicant	ROBERT G. KORNELUK, ALEXANDER E. MACKENZIE, STEPHEN BAIRD, AND PETER LISTON
Title	MAMMALIAN IAP GENE FAMILY, PRIMERS, PROBES, and DETECTION METHODS
<b>PRIORITY INFORMATION:</b>	
This application is a continuation of and claims priority from United States patent application 08/576,956, filed December 22, 1995; which is a Continuation-in-Part of United States patent application 08/511,485, filed August 4, 1995, now issued as U.S. Patent No. 5,919,912.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	88 pages
Claims	6 pages
Abstract	1 page
Drawing	50 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/576,956 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	2 pages
Sequence Listing on Paper	42 pages
Sequence Listing on Diskette	1 diskette
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/576,956 and such small entity status is still proper and desired.	2 pages

Preliminary Amendment	16 pages
IDS	2 pages
Form PTO 1449	5 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 page
Assignee's Statement	0 page
English Translation	0 page
Certified Copy of Priority Document	0 page
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: $47 - 20 = 27 \times \$9$	\$243.00
Excess Independent Claims Fee: $16 - 3 = 13 \times \$39$	\$507.00
Multiple Dependent Claims Fee: \$260/\$130	
Total Fees:	\$1095.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1095.00 to cover the total fees. <input type="checkbox"/> Charge ["**AMOUNT**"] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature James De Camp Reg. No. 43,580	
$9/1/00$ Date	